

## BEST AVAILABLE COPY

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	66 minus 20=	* 46
INDEPENDENT CLAIMS	14 minus 3 =	* 11
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

AMENDMENT A	A	(Column 1)		(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 46	Minus	** 66	= 0	
Independent	* 14	Minus	*** 14	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

SMALL ENTITY

TYPE 

OTHER THAN

SMALL ENTITY  
OR

RATE

FEE

OR

RATE

FEE

X\$ 9=

345.00

OR

X\$18=

690.00

X39=

OR

X78=

828

+130=

OR

+260=

260

TOTAL

OR

TOTAL

2,636

OTHER THAN

SMALL ENTITY

OR

RATE

ADDI-

TIONAL

FEE

OR

RATE

ADDI-

TIONAL

FEE

X\$ 9=

OR

X\$18=

X39=

OR

X78=

+130=

OR

+260=

TOTAL

ADDIT. FEE

OR

TOTAL

ADDIT. FEE

AMENDMENT B

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 9-6-00

2 Serial/Patent # 89 583082

3 Please refund the following fee(s):

	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other (704)			\$ 130

7 TOTAL AMOUNT OF REFUND

\$ 130

8 TO BE REFUNDED BY:

Treasury Check

X Credit Deposit A/C #:

9 19-2380

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

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11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: J. Glicks

TITLE: Rots Sely

PHONE: 305 84680

OFFICE:

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Hannah Griffis

DATE:

9/6/00

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL		TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 55	Minus	** 65	<i>(Handwritten signature)</i>
Independent	* 13	Minus	*** 29	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT D	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 69	Minus	** 66	= 3
Independent	* 13	Minus	*** 14	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	54
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT E	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.